

## CLAIMS ONLY

Application Number

101603,392

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10			1			
11			1			
12			1			
13			1			
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49						
50						
Total Indep	1					
Total Depend	5					
Total Claims	6					

\* May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
51						
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Total Indep						
Total Depend						
Total Claims						